

STATE OF NEW JERSEY ASBESTOS SAFETY TECHNICIAN CERTIFICATION APPLICATION

DATE_____

NAME_____DATE OF BIRTH_____

LAST

FIRST

M.I.

HOME ADDRESS_____APT#_____

STREET ADDRESS

TOWN_____STATE_____ZIP CODE_____

TELEPHONE ()_____

Social Security Number: _____****

College and Graduate School - List all colleges, universities and graduate schools which you have attended. If you are satisfying college credit requirements, please attach a valid transcript and copies of diplomas.

NAME	ATTENDED MONTH/YEAR	HOURS	MAJOR	DEGREE	GRADUATE Y/N

TECHNICAL COURSES - List all related technical courses and training.

NAME OF COURSE	ATTENDED MONTH/YEAR	EQUIPMENT USED	COURSE COMPLETED YES/NO

ASBESTOS SAFETY TECHNICIAN COURSE FROM: _____ TO: _____ EXAM: PASS _____ FAIL _____ SCORE: STATE _____ NATIONAL _____	ASBESTOS WORKER/SUPERVISOR COURSE FROM: _____ TO: _____ EXAM: PASS _____ FAIL _____ SCORE: _____
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EXPERIENCE - PLEASE LIST PRESENT EMPLOYER FIRST

POSITION: _____

EMPLOYER: _____

ADDRESS: _____ PHONE _____

CITY: _____ STATE: _____ ZIP: _____

DATES OF EMPLOYMENT (MONTH & YEAR)

FROM: _____ TO: _____ FULL TIME _____ PART TIME _____

DESCRIBE DUTIES: _____

SUPERVISOR'S SIGNATURE _____

POSITION: _____

EMPLOYER: _____

ADDRESS: _____ PHONE _____

CITY: _____ STATE: _____ ZIP _____

DATES OF EMPLOYMENT (MONTH & YEAR)

FROM: _____ TO: _____ FULL TIME _____ PART TIME _____

DESCRIBE DUTIES: _____

SUPERVISOR'S SIGNATURE _____

1. Have you ever been convicted of a crime of the third degree or above under the laws of the State of New Jersey, or under the laws of another state or of the United States, which if committed in this State would be such an offense or crime?

[] NO.

[] YES. If yes, please describe the circumstances in detail on a separate page. Be sure to include the exact charge, the date of the crime and any information relating to rehabilitation.

2. Have you, within the past 10 years, been convicted or fined or imprisoned, or placed on probation, or has any case been filed, or have you been ordered to deposit collateral for an alleged violation of any law or police regulation or ordinance, other than for traffic violations?

[] NO.

[] YES. If yes, please describe the circumstances in detail on a separate page. Be sure to include the exact charge, the date of the crime and any information relating to rehabilitation.

3. Have you ever been discharged, or forced to resign, for misconduct or unsatisfactory service from any position, or have you had any license, other than a driver's license, revoked or suspended?

[] NO.

[] YES. If yes, please describe circumstances on a separate attached page.

To the best of my knowledge the information contained in this application is complete and accurate. I am aware that if an investigation discloses willful misrepresentations, my application will be rejected. I also hereby authorize the release of any criminal history record information to the NJ Department of Community Affairs, Division of Codes and Standards, Bureau of Code Services, Asbestos Safety Unit for the sole purpose of determining my eligibility for certification.

****PURSUANT TO THE PRIVACY ACT OF 1974 (P.L. 93-579), I REALIZE THAT DISCLOSURE OF MY SOCIAL SECURITY NUMBER IS **VOLUNTARY**. I ALSO REALIZE MY SOCIAL SECURITY NUMBER WILL BE USED BY THE NJ DEPARTMENT OF COMMUNITY AFFAIRS FOR THE PURPOSE OF FACILITATING THE SECURITY CHECK AUTHORIZED BY N.J.A.C. 5:23-5.5 & 5.25. ANY INFORMATION RELEASED AS A RESULT OF THIS AUTHORIZATION, INCLUDING THE FURNISHING OF MY SOCIAL SECURITY NUMBER, SHALL BE USED ONLY FOR THE EXPRESS PURPOSE OF PROCESSING THE ABOVE INDICATED APPLICATION.****

DATE _____ Signature of Applicant _____

Notary's Signature _____

DATE _____

Notary Seal:

ALL STATEMENTS ARE SUBJECT TO INVESTIGATION AND VERIFICATION. FALSIFICATION OR MISSTATEMENT OF ANY MATERIAL FACT WILL BE CAUSE FOR REJECTION. FAILURE OF THE APPLICANT TO FURNISH ALL INFORMATION AND RECORDS REQUESTED MAY RESULT IN REJECTION OF THE APPLICATION.